1385777



. UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL				
OMB Number:	3235-0076			
Expires:				
Estimated average	je burden			
hours per respon	se16.00			

SEC USE ONLY					
Prefix	Serial				
DATE RECEIVED					
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185 WING EXEM	PHON
Name of Offering Communication of this is an amendment and name has changed, and indicate change.) Senior Secured Notes	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6	ULOE
Type of Filing:	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	— 10000 1200 1000 1000 1000 1000 1000 10
Neonode Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Biblioteksgatan 11, S111 46 Stockholm, Sweden	01146-8-678 18 50
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Technology Company	
	PROCESSED
Type of Business Organization	
✓ corporation ☐ limited partnership, already formed ☐ other () ☐ business trust ☐ limited partnership, to be formed	OCT 1 8 2007
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: O 9 9 7 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	THOMSON FINANCIAL
CONTROL & PARAMETERS CONTROL	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 774(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information r	equested for the fo	ollowing:			
 Each promoter of 	the issuer, if the is	ssuer has been organized v	within the past five years;		
 Each beneficial ov 	vner having the pos	wer to vote or dispose, or d	irect the vote or disposition	of, 10% or more of	f a class of equity securities of the issuer.
 Each executive of 	ficer and director of	of corporate issuers and of	corporate general and ma	naging partners of	partnership issuers; and
Each general and:	managing partner	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Mikael Hagman	if individual)	· · · · · · · · · · · · · · · · · · ·		The state of the s	
Business or Residence Addre Biblioteksgatan 11 S011			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Magnus Goertz	if individual)	· · · · · · · · · · · · · · · · · · ·		· .	
Business or Residence Addre Biblioteksgatan 11, S011	•		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Wirelesstoys Sweden AE	•		·	<u> </u>	
Business or Residence Addre	*	Street, City, State, Zip C	ode)		
Storangsstigen 15b, 3tr, 1	182 74, Stocksu	nd, Sweden		<u> </u>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Iwo Jima Sarl	f individual)				
Business or Residence Addre	· ·		•		· · · · · · · · · · · · · · · · · · ·
c/o IAM Trust Sarl, 22 Av	enue Marie-The	erese, L-2132 Luxemb	ourg, Luxembourg		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Athemis Limited	f individual)		1		
Business or Residence Addre 29 Theklas Lysoloti Stree		•	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it Serwello AB	f individual)				
Business or Residence Addres Box 245, S0263 21, Hogi		Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Per Bystedt	individual)				
Business or Residence Addres Biblioteksgatan 11, S0111			odc)		

Form D – Item A (Basic Information Data) Supplemental Sheet

Check Box(es) that apply Promoter Beneficial Owner Executive Officer
X Director General and/or Managing Partner
Full Name (Last name first, if individual): Susan Major
Business or Residence Address: P.O. Box 27, 16720 Las Cuestas, Rancho Santa Fe, CA 92067
Check Box(es) that apply Promoter Beneficial Owner Executive Officer
X Director General and/or Managing Partner
Full Name (Last name first, if individual): Johan Ihrfelt
Business or Residence Address: Biblioteksgatan 11, S111, 46 Stockholm, Sweden
Check Day(on) that annly December Danaficial Owner Evacutive Officer
Check Box(es) that apply Promoter Beneficial Owner Executive Officer
X Director General and/or Managing Partner
Full Name (Last name first, if individual): John Reardon
Business or Residence Address: c/o The RTC Group, 905 Calle Amenecer, Suite 250, San Clemente, CA 92673
Check Box(es) that apply Promoter Beneficial Owner Executive Officer
X Director General and/or Managing Partner
Full Name (Last name first, if individual): David Brunton
Business or Residence Address: 4000 Executive Parkway, Suite 200, San Ramon, CA 94583

	TALL AND A		y. Print	B, I	NFORMAT	TON ABOU	tî offer	NG T				# # # # # # # # # # # # # # # # # # #
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?					Yes	No ⊠						
Answer also in Appendix, Column 2, if filing under ULOE.							اسا "	<u>15</u>)				
2. What	is the minic	num investr			••	•					. \$ 3,0	00.00
						·					Yes	No
		permit join									_	K
comm If a pe or stat	ission or sir rson to be li es, list the r	ntion reques milar remund sted is an as name of the l r, you may s	eration for sociated p proker or d	solicitatior erson or ag ealer. If m	of purchas ent of a bro ore than fiv	ers in conn ker or deald e (5) perso	ection with or registere ns to be list	sales of se d with the S ted are asso	curiti <mark>es</mark> in 1 SEC and/or	he offering with a stat	g. ie	
Full Name	(Last name	first, if ind	ividual)									
Business of	Residence	: Address (1	Vumber an	d Street, C	ity, State, 2	Zip Code)						
Name of A	ssociated B	roker or De	aler	· · · · ·								
States in W	hich Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers					······································	
(Check	"All State	s" or check	individua	States)		••••••					. 🗌 AI	l States
AL IL MT RI	IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	e Address ()	Number an	d Street, C	ity, State,	Zip Code)				 		
Name of As	sociated B	roker or De	aler				·	· · · · · · · · · · · · · · · · · · ·		 =	<u></u>	
States in W	hich Persor	Listed Ha	Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State	s" or check	individual	States)	************		***************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. □ Al	l States
IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NI TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name (Last name	first, if indi	ividual)									
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)												
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS.

1.	sold. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	5,000,000	\$_3,100,000
		\$_5,000,000.00	\$ 3,100,000.00
	Convertible Securities (including warrants)	s 0.00	0.00
	Partnership Interests	·	\$ 0.00
	Other (Specify)	_	\$ 0.00
		s 10,000,000	\$ 6,200,000
	Answer also in Appendix, Column 3, if filing under ULOE.	·	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$ 6,200,000
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)		\$ 0.00
	Answer also in Appendix, Column 4, if filing under ULOE.	<u>~</u>	<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	0	\$_0.00
	Regulation A	0	s_0.00
	Rule 504		\$_0.00
	Total	0	s_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s 2,000
	Printing and Engraving Costs		\$_0.00
	Legal Fees		\$ 250,000
	Accounting Fees		s <u>0</u>
	Engineering Fees	_	s_0
	Sales Commissions (specify finders' fees separately)		\$ 480,000
	Other Expenses (identify)		s <u> </u>
	Total	-	\$ 732,000
		_	

E STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Neonode Inc.	Signatura	Date October 11, 2007
Name (Print or Type)	Title (Print or Type)	<u> </u>
David Brunton	Chief Financial Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

